



STYLE OF CASE:

Michael W. Harris, et al.

VS.

Purdue Pharma L.P., et al.

CASE NO:

C-1-01-428

**PERTAIN TO:** 

James L. Betleyoun

FROM:

Cuyahoga Falls General Hospital

(Medical Records Department)

1900 23rd Street

Cuyahoga Falls, OH 44223

(330) 971-7000

**DELIVER TO:** 

Mr. Phillip J. Smith

VORYS, SATER, SEYMOUR & PEASE, LLP

Atrium Two, Suite 2100 221 East Fourth Street Cincinnati, OH 45202

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500702010-0001 THROUGH 500702010-0033.



1900 23rd St. Cuyahoga Falls, OH 44223 Phone (330) 971-7000

# AFFIDAVIT CERTIFICATION OF MEDICAL RECORDS

I, REBECCA S. VAN HORN, Custodian of records housed in
CUYAHOGA FALLS GENERAL HOSPITAL Medical Records Department,
do certify that the attached records, consisting of pages, are true and
accurate records for patient JAMES L. BETLEYOUN
These copies have been made from records maintained during the normal course
of business.  Rebecca S. Van Horn, RHIT  Correspondence Clerk
In SUMMIT County in the state of OHIO sworn before me and signed in my
presence, a Notary Public, on this29th day ofAugust 2003
Lasheell Tounderles

www.summahealth.org

RASHEEDA J. POINDEXTER
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES JUNE 13, 2005
RECORDED IN COUNTY

	يرين والعمادي	<u> </u>	•	
	NAGEMENT CEN LLS GENERAL HO			The state of the s
			3	
M NAME: JAMES	Detleyoundos:	2205 2357 NE	MILY PHYSICIAN: DrC	
ADDRESS:	SOONE CI		ONE: 344-60	
SS#:	-48-9		FERRING PHYSICIAN:	NOCIO
	Sauthored Wille		ARMACY: Reto Die	/
PHONE: HOME #	VA	381-3199 PHO	DNE: 724-70	93
DIAGNOSIS:	ICD BWC CODE APPROVED	DIAGNOSIS:	ICD	
, CENICALS	SON CHILD DAGS	1.02lum	barsand	LINESTIS
050 184	hip 715 reshlo	4		YES/NO
5	YES/NO	6		YES/NO
BWC CLAIM: YES/NO	CLAIM#		MEDICATIONS	
DOI:	. POR:		IA 6 TO	
EMPLOYER:			HCT 7-25	Λ
MCO:			Capter Fi	0.
CASE MGR:	PHONE:		(Itakat M	all-
/	· Invited FA	YSICIAN	Insula	
10-2-02 C		red JD		· · · · · · · · · · · · · · · · · · ·
1-2103	00	TB	ALLERGIES:	
4/23/03	$\Delta I$	TB	*() 2) E I	vel
_1103162		JV_	XIZRA	DAV
	**************************************	DF	VIIWAIN	,
			MSIR- well	tely
•				0
·	N. C.			<u> </u>
**				•

## CUYAHOGA FALLS GENERAL HOSPTIAL PROGRESS NOTES

James Betleyour

	rue	Bet	Celfa	
DATE	TIME	HD	POD	
6-2	4-03			pt approped re- & Rx to 2WK
				SUPPLY (d/t inability to reach
				pt for pill count)
				Pt states he is in process
				of moving to canton - will
				let us know next week of
	<b></b>			new address + phone #.
				Pt sent to lab for UDS.
	<b>  </b>			pt doesn't know why 2/03
				UDS WOS ().
			:	
				pt states had to more his
			<del></del>	truck & return here for labular
				then said he drank a beers
				this Am-hopesit word
				interfere & test. "I drink
·				beer occosionally".
-				
L		أحسب جيرسم		

DR.				

06/26/03 THU 10:22 FAX 1330 375 3014

TOXICOLOGY

→→→ FALLS PAIN CTR

Ø003

Sex: M

Summa Health System

#### INSTANT REPORT

Patient name: BETLEYOUN, JAMES

DOB: 1951 Age: 51 Ord. Physician: CFGH, DOC

Copy to: CFGH, DOC

M.R.N.:F000008806

Account#: F00000002179

Location: CUYAHOGA FALLS HOSPI

Adm. Date: 06/25/03

Order Id

: 66251001

FINAL

Date&Time Ordered: 06/25/03 12:24

D	R	U	G	8	C	ĸ	Ľ,	15	N	

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	PAV
COLLECTED 06/24/03 16:33					
*URINE DRUG SCREEN**					
PAIN MANAGEMENT PANEL	***				I
_	***				I
OXYCODONE (UR) PRESENT				•	
* * COMMENT * *	see below				I
The following were tested f		e mibmitte	d. Amphetamine.		_
Methamphetamine, Cocaine and				1.	
Codeine, Morphine, Hydrocodor					
, , , , , , , , , , , , , , , , , , , ,	-, -,,	, one, ocuone	/ mid 1140 m4000001		
The sample was checked for	dilution.substi	tution, an	d adulteration.		
***REVIEWED BY***	D Doved ME A	CCD			<b>~</b>
**COMMENT**	B.Boyd MT A	SCP			I
· · COMMENT · ·	1318972				I
	[ . ·	٠_			
	1 1 10	ን			1
<b>/</b> \.	266	,			
\ //					
$\Psi$					
	\ \\\\				
	41				
	<i>t 1</i>	•			
	\	ł			

\* - new results

Department of Pathology and Laboratory Medicine

Akron City Hospital(I) St. Thomas Hospital(II)

525 R. Market St.

444 N. Main St.

Akrop, Ohio 44309

Akron, Ohio 44310

Patient : BETLEYOUN, JAMES

M.R.N. : F000008806

Location : CUYAHOGA FALLS HOSPITAL

Ord. Phys: CFGH, DOC

KEY POR ABRORMAL COLUMN: L-LOW, H-HIGH, AB-ABRORMAL, P-PANIC

Printed: 06/26/2003 09:05

02/18/03 TUE 10:42 FAX 1330 375 3014

TOXICOLOGY

→ FALLS PAIN CTR

A 00

Summa In th System

#### INSTANT REPORT

Patient name: BETLEYOUN, JAMES L DOB: 1951 Age: 51 Sex: M Ord. Physician: BRESSI, JAMES Copy to: BRESSI, JAMES M.R.N.:R00054031 Account#: R00000645084

Location: CUYAHOGA FALLS HOSPITA

Adm. Date: 02/17/03

Order Id

: 62171249

FINAL

Date&Time Ordered: 02/17/03 15:49

#### DRUG SCREEN

TEST-NAME RESULT AB NRML-RANGE UNITS PAV COLLECTED 02/17/03 12:02

\*\*URINE DRUG SCREEN\*\*

PAIN MANAGEMENT PANEL \*\*\*\*

Drugs in Urine

None Detected

I

\*\*COMMENT\*\*

see below

The following were tested for in the sample submitted: Amphetamine, Methamphetamine, Cocaine and metabolites, Propoxyphene and metabolites, Codeine, Morphine, Hydrocodone, Hydromorphone, Oxycodone, and THC metabolites.

The sample was checked for dilution, substitution, and adulteration.

\*\*\*REVIEWED BY\*\*\*
\*\*COMMENT\*\*

B.Boyd MT ASCP

1280738

T

\* - new results

Department of Pathology and Laboratory Medicine Akron City Hospital(I) St. Thomas Hospital(II)

525 E. Market St. 444 N. Main St.

Akron, Ohio 44309 Akron, Ohio 44310

Patient: BETLEYOUN, JAMES L M.R.N.: R00054031

Location: CUYAHOGA FALLS HOSPITAL-

Ord. Phys: BRESSI, JAMES

KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, P-P

Printed: 02/18/2003 08:14

PAGE: 1





#### DEPARTMENT OF RADIOLOGY/NUCLEAR MEDICINE

NAME: BETLEYOUN, JAMES L DOB: 1

DOB: 1 /51 AGE: 50Y SEX: M LOC: DIS - O/P

DATE OF EXAM: 06/13/02 1215

XRAY#: C143-443

MED REC#: C00182943

ORD DR: BRESSI, JAMES P

ATT DR: BRESSI, JAMES P

ACC#: C0216400038

REF DR:

ADM DIAG: RAD

Chk-in # Order Exam

471476 0001

7560 MR C-SPINE WO/ENHANCE

471476 0001 7630

MR LUMBAR SPINE WO/ENHANCE

MRI CERVICAL SPINE WITHOUT ENHANCEMENT:

INDICATION: Neck pain.

Axial and sagittal spin and gradient echo T1W and T2W images were obtained. No prior study is available for comparison.

An asymétric disc herniation is shown at C4-5, favoring the left and compressing the spinal cord and exiting left C5 nerve root. At C5-6, a central disc herniation is shown compressing the spinal cord. Mild posterior bulges are shown at C3-4 and C6-7 with effacement of the anterior CSF space. Neural foramina are patent bilaterally except at C4-5. Other than for constriction at C4-5 and C5-6, the spinal cord shows no focus of signal alteration. No paravertebral abnormality is detected.

IMPRESSION/

COMPLETE

Asymmetric disc herniation at C4-5 favoring the left with compression of the spinal cord and exiting left C5 nerve root.

Central disc herniation at C5-6 with cord compression.

Degenerative disc disease and mild posterior bulging at C3-4 and C6-7.

LUMBAR SPINE MRI WITHOUT CONTRAST:

INDICATION: Low back pain, left hip and upper left thigh pain.

Axial and sagittal spin echo T1W and T2W images were obtained. No

(Continued)

The transmission and receipt of this CONFIDENTIAL report (s) are subject to the Cuyahoga Falls General Hospital Electronic Data Interchange Nondisclosure Agreement. Please call 330-971-7600 if this facsimile is received in error.

AKRON RADIOLOGY, INC.

1900 Twenty-Third Street • Cuyahoga Falls, Ohio 44223-1499 • (330) 971-7431 • FAX: (330) 971-7159 (Rev. 3-02)





**CUYAHOGA FALLS GENERAL HOSPITAL** 

DEPARTMENT OF RADIOLOGY/NUCLEAR MEDICINE

Page

NAME: BETLEYOUN, JAMES L

DOB: \_\_\_\_/51 AGE: 50Y SEX: M LOC: DIS - O/P

DATE OF EXAM: 06/13/02 1215

XRAY#: C143-443

MED REC#: C00182943

ORD DR: BRESSI, JAMES P

ATT DR: BRESSI, JAMES P

ACC#: C0216400038

REF DR:

ADM DIAG: RAD

Checkin-Exam Code Summary 471476-7560,471476-7630

prior study is available for comparison.

There is minimal signal alteration in the L2-3,L3-4 and L4-5 discs. Mild circumferential bulging is observe at L3-4 and L4-5. No significant disc herniation or spinal stenosis is otherwise identified. The spinal canal and neural foramina are patent. The conus terminates at approximately T12.

IMPRESSION: Minimal degenerative changes and circumferential bulging at L3-4 and L4-5. There is otherwise no evidence of disc herniation or spinal stenosis.

Read By: B. NELSON ESSIET M.D. Released By: B. NELSON ESSIET M.D. CAL 06/13/02 1527 06/14/02 1245

The transmission and receipt of this CONFIDENTIAL report (s) are subject to the Cuyahoga Falls General Hospital Electronic Data Interchange Nondisclosure Agreement. Please call 330-971-7600 if this facsimile is received in error.

AKRON RADIOLOGY, INC.

1900 Twenty-Third Street • Cuyahoga Falls, Ohio 44223-1499 • (330) 971-7431 • FAX: (330) 971-7159 07320007 D (Rev. 3-02)



CUYAHOGA FALLS GENERAL HOSPITAL

#### DEPARTMENT OF RADIOLOGY/NUCLEAR MEDICINE

NAME: BETLEYOUN, JAMES L

DOB: 51 AGE: 50Y SEX: M LOC: DIS - O/P

DATE OF EXAM: 06/13/02 1218

XRAY#: C143-443-

MED REC#: C00182943

ORD DR: BRESSI, JAMES P

ATT DRA BRESSI, JAMES P ACC#: C0216400038

REF DR:

ADM DIAG: RAD

Chk-in # Order

Exam 471477 0002 3391

XR ORBITS, FOREIGN BODY

#### ORBITS:

INDICATION: Foreign body.

Waters and lateral views of the orbits show no metallic opacities in the vicinity of the orbits. The visualized paranasal sinuses are clear.

IMPRESSION: No evidence of metallic foreign bodies in the orbits.

B. NELSON ESSIET M.D. Read By: Released By: B. NELSON ESSIET M.D.

CAL 06/14/02 1243 06/14/02 1148

#### COMPLETE

The transmission and receipt of this CONFIDENTIAL report (s) are subject to the Cuyahoga Falls General Hospital Electronic Data Interchange Nondisclosure Agreement. Please call 330-971-7600 if this facsimile is received in error.

#### AKRON RADIOLOGY, INC.

1900 Twenty-Third Street • Cuyahoga Falls, Ohio 44223-1499 • (330) 971-7431 • FAX: (330) 971-7159 07320007 D (Rev. 3-02)

Summa Health System

#### DAILY REPORT

Patient name: BETLEYOUN, JAMES L DOB: 1951 Age: 50 Ord. Physician: CFGH, Sex: M

Copy to: CFGH,

M.R.N.:R00054031

Account#: R0000055221

Location: CUYAHOGA FALLS HOSPI

Adm. Date: 06/06/02

Order Id

: 54061733

FINAL

Date&Time Ordered: 06/06/02 18:19

#### DRUG SCREEN

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	PAV
COLLECTED 06/05/02 23:26					
URINE DRUG SCREEN**					
PAIN MANAGEMENT PANEL	****				I
Orugs in Urine	Present				I
Propoxyphene and or metabol	lites present				-
**COMMENT**	see below		N -	•.	I
The following were tested in		submitted	l: Amphetamine.		-
Methamphetamine, Cocaine and	-		•		
Codeine, Morphine, Hydrocodor	ne, Hydromorphone,	Oxycodone,	and THC metabol	ites.	
The sample was checked for	dilution, substit	tution, and	l adulteration.	•	
***REVIEWED BA***	N.O'Donnell	PhD			I
**COMMENT** ()	1203254				Ţ
$\wedge$ $X \wedge$					,
	Λ				
$\bigcirc$					
	1 / 6 /	•			
/		/ _			
(	01 ( 1/2)	ひつ			
$\cup$	21 9				
	( )/				

\* - new results

Department of Pathology and Laboratory Medicine St. Thomas Hospital(II)

Akron City Hospital (I)

525 B. Market St. Akron, Ohio 44309

444 N. Main St. Akron, Ohio 44310 Patient : BETLEYOUN, JAMES L

M.R.N. : R00054031

Location : CUYAHOGA FALLS HOSPITAL-

Ord. Phys: CFGH,

KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, P-PANIC

1 of 14, 240 of 292

PRINTED 06/08/02 04:31

Page: 1 of 1

06/07/02 FRI 07:58 FAX 1330 375 3014

TOXICOLOGY

→→→ FALLS PAIN CTR

**2**002

Summa Health System

AutoReporting

Patient name: BETLEYOUN, JAMES L DOB: 1951 Age: 50 Sex: M

Account#: R0000055221

M.R.N.:R00054031

Location: CUYAHOGA FALLS HOSPI

Adm. Date: 06/06/02

Ord. Physician: CFGH, Copy to: CFGH,

Order Id : 54061733

Date&Time Ordered: 06/06/02 18:19

DRUG SCREEN

TEST-NAME	RESULT	AB	NRML-RANGE	UNITS	PAV
COLLECTED 06/05/02 23:26					
**URINE DRUG SCREEN**					
PAIN MANAGEMENT PANEL	****				1
Drugs in Urine	Present				I
1	****			• •	I
Propoxyphene and or metabo	lites present				
			AS W.		
**COMMENT**	see below				I
The following were tested	for in the sample	submitted	l: Amphetamine,		
Methamphetamine, Cocaine and	d metabolites,Pro	poxyphene	and metabolites	,	
Codeine, Morphine, Hydrocodo	ne, Hydromorphone,	Oxycodone,	and THC metabol:	ites.	
The sample was checked for	dilution, substitu	ution, and	l adulteration.		
***REVIEWED BY***	N.O'Donnell	DhD			<b>T</b>
	••••	FIID			_
**COMMENT**	1203254				T

\* - new results

Department of Pathology and Laboratory Medicine

Akron City Hospital(I) St. Thomas Hospital(II)

444 N. Main St.

525 B. Market St. Akron, Ohio 44309

Akron, Ohio 44310

Patient : BETLEYOUN, JAMES L

M.R.N. : R00054031

Location : CUYAHOGA FALLS HOSPITAL-

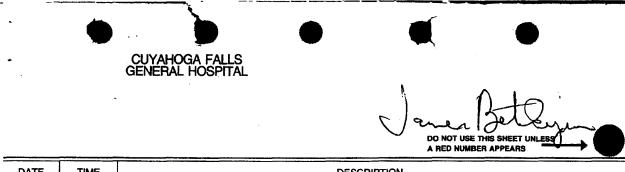
Ord. Phys: CFGH,

KEY FOR ABNORMAL COLUMN: L-LOW, H-EIGH, AB-ABNORMAL, P-PANIC

Printed: 06/07/02 08:39

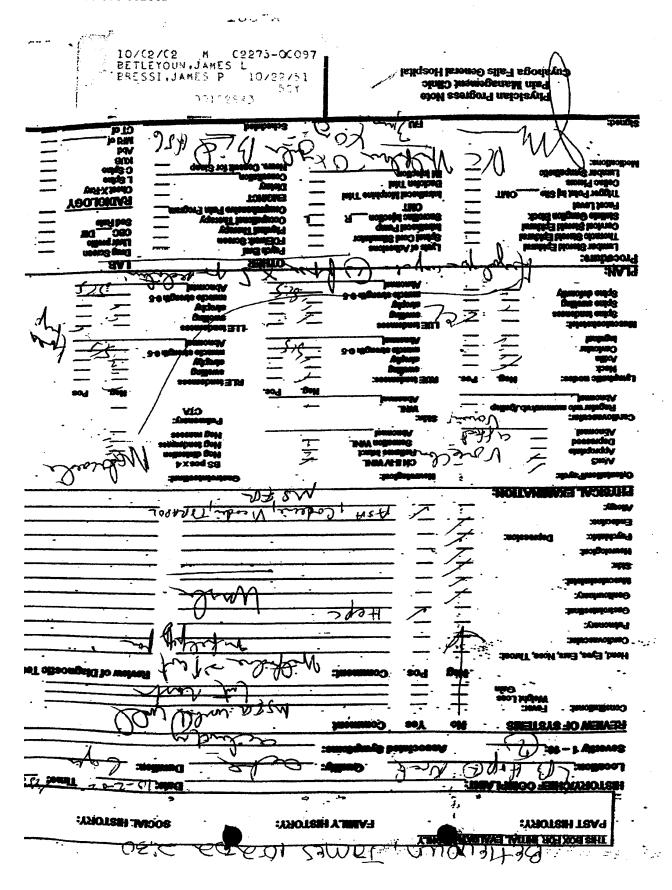
PAGE: 1

			<u></u>					
Γ	THIS BOX F	OR INITIAL EVAL	UATION ONLY		<del>, •</del>			
	PAST HIS	TORY:		FAMILY H	STORY:	SOCI	AL HISTORY:	
- 1			Λ.				, ,	
HIS	STORY/CH	IEF COMPLAIN	VT: Vain			Date: 4	23/03 Tim	e: 8:45
Lo	cation: 🔼	over bac	k lower a	Siderarly!	Shero, o	all Duration	/a .1. i	e. <u>4.75</u>
Se	verity 1 – 1	0: 2-3		d Symptoms:			1/4.	
	VIEW OF S		No Yes	Comment				
Con	stitutional:	Fever: Weight Loss	<b>Z</b> /=					<del></del>
		Gain	<u>~</u> _					
			Neg Pos	Comment:		16. + 1. +	Review of Diagno	stic Tests:
		Nose, Throat:		grant ing	cercon of the	ethroat due to i	malis	
	tiovascular: nonary:			COPD				<del></del>
	trointestinal:		- =	Stomach	ulcer			
	itourinary:		<u> </u>			- 1 C	00	
Muse	culoskeletal:			( Valgu	otest "	Model Coll		
Skin:	:							
Neur	rological:				·			
-	hiatric:	Depression:	<u></u>					
Alter	ocrine:			ASA L'ado	ing toh	adal Wasd		
		AMINATION:		MSIR	200,007	Tellous		
	ntation/Psych		Neurolo	gical:		Gastrointestinal:		
	A/ox3	A) ori		II-IV WNL	4	BS pos x 4		
	Appropriate Depressed	- ()	A	exes intact nsation WNL		Neg distention Neg tendemess	-	
,	Abnormal	-atic	、	normal		Neg masses	-	
	iovascular: Regular w/o m	urmur/rub./gallop	Skin:	_		Pulmonary: CTA		
	Abnormal		Abn	ormal	Neg. Pos.		Neg. Pos	
	hatic nodes:	Neg.	Pos. RUE tend		<del>-</del> -	RLE tendemess swelling	<del>-</del> -	
	Neck Axilla	<b>手</b>	atrop	ohy	<u>v</u>	atrophy	<u> </u>	
	Cavicular nguinal	+		cle strength 0-5 ormal	10 413	muscle strength 0- Abnormal	5 <u>9/5</u>	مربع.
	ulosketelal:	エ	LUE tend			LLE tendemess		Win
	Spine tendene Spine swelling		/ swel	•	<del>-</del> -	swelling atrophy	<u> </u>	) par
	Spine deformit		mus	de strength 0-5	- cyup 5/5	muscle strength 0-	5 no tru	elille sean
PLA	N:	an or	'1 D	`~~	1 100	20		
Proc	edure:	TH	LA	dboologo )	OTHE		LAB Drug Screen	
7	umbar Sterok Thoracic Stero	id Eþidural		nd Stimulator (	FCE/wo	rk Screen	Liver profile	
C	Cervical Steroi Stellate Gangli	d Epidural	Intratheca Sacrolliad			Therapyional Therapy	CBC Diff Sed Rate	
F	acet Level		OMT		Compre EMG/NC	hensive Pain Program	RADIOLOGY	<del>,</del> —
7	Frigger Point Ir Celiac Plexus	nj SiteOMT	Intratneca Baclofen	l Morphine Trial Frial	Dietary	speaking -	Chest X-Ray	
L	umbar Sympa	thetic	IM Injectio	n	Consulta Neuro. C	consult for Sleep	L Spine C Spine	
INICUIC		$\langle \chi \rangle_{\Lambda}$		<i>f</i>	1-A	time	KUB Abd	
	(		-O1	1x rank	my 1	!!	MRI of	
Signe	d:	<del>}                                    </del>	- F/V		Schedu	ea	010	
		Physician P	rogress Note	استر	(26)	T18110U	n. 12m	K5
	_	Pain Manag	ement Clipic	· · ·	プレ	TICHOU		K
	C	uyahoga, Fagis	Geñeral Hospita		The first	1122	つろ	•
			7 52%%21	MACABALER	•	77.70	ر آ	
-100		-2C18<-	21120	04/53/03		4.0	<del></del> *	2



		A HED NUMBER APPEARS
DATE	TIME	DESCRIPTION
2/	7/02	
	6. 7	() Lossa Mehrer
	الاك	
		1) feat from the rules
W		
		hal mt Cam all fin
<u></u>		mode with him , and he
		Con Ola Man (1967)
,		Cany Chang any fun
		-\ /
		1) Wine Im seron
		e) foch fin on Went My
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
	<u></u>	1) lefter my with
		du det
		1 th in with them have been touch
	<del>                                     </del>	Company to the second
		X
···		
108750031 (Rev.	8-02)	

THIS BOX FOR INITIAL EVALUATION ONLY PAST HISTORY:	FAMILY HISTORY:	SOCIAL HISTORY:
HISTORY/CHIEF COMPLAINT:		Dac/ 1/2
•••	Quality: Cech	Decition: Tring (0)
Location:		Caranon:
Severity 1 - 10: 2-5 Associa	ted Symptoms:	0-1-0-0
REVIEW OF SYSTEMS No Yes	Comment	the Wicholina
Constitutional: Fever:	met morehile	_0
Weight Loss	approx 1016	
Neg Pes	Comment	Review of Diagnostic Fes
Head, Eyes, Ears, Nose, Throat		prevendy- on you.
Cardiovascular.	Ellrung high herand toget	Vd.
Pulmonary:	Brotchilis on Clerken in a	nothen Artitrotis (Can Exempter)
Gastrointestinat:		
Pulmonary:  Gastrointestinat:  Genitourinary:  Musculoskeletat:	Par continuo reck But Sho	22.12 0 01
Musculoskeletat:	and the state of the state	Mirslatta, Olower tach
Skin: Neurologicat Psychiatric: Depression:	7-1-10	Melivi
Psychiatric Depression:	1,000	
Endocrine:		· Alm
Allongy:	AS Codiese Toroget Vicon	ilm
PHYSICAL EXAMINATION:	MSIR weeks & items	
Orientation/Psych: Neurolo		vintestinal:
Appropriate Ref	Repes intact	S pos x 4 eg distention og tendentess og masses
Cardiovascular: Skin: Regular w/o mumudrub./gallop WN Abnomal Abo		dmonstry: CTA Nog. Pos
Lymphatic nodes: Neg. Pos. RUE tend		ndermess elling
Neck Swel	play str	optey 🔀 🗀
		iscle strength 0-5
Inguinal		demess
Spine tenderiess suel	ling sw	elling
	cle strength 0-5 ma	scle strength 0-5
() — Abox	ormal Abr	normal .
PLAN: Procedure:	OTHER	LAB
Lysis of A	dhesions Psych Evai rd Stimulator PCE/work Screen	Drug Screen Liver profile
Condeal Steroid Epidural Intratheca	Pump Physical Therapy	CBCDiff
Stellate Ganglion Block Sacrollac	InjectionRL Occupational Them Comprehensive Pa	uin Program ————————————————————————————————————
	Morphine Trial EMG/NCT	RADIOLOGY
Celiac Piexus Bactoren i		Chest X-Ray
Lumbar Sympathetic Medications:	Meuro, Consult for	
$\langle \ \rangle_{\alpha}$	(h	Abd
Stemat: ( ) Fru	Scheduled	MRI of
Signed: 140	7 15	
Physician Progress Note	106+16CI	aun, james
Pain Management Clinic	1-3	120
Cuyahoga Falls General Hospital	1 0	
\$1175-13020 ALVENUO 13111	[ N	U 4U



• •			-	1215600	72/7
Patient: BETIEUOU		S			
Date/Times 0-500	4:10		A.	O	
• •	PHYSICIANP	,	OTE		
	PAG	E 1 0F 2	/ \		
HISTORY/CHIEF COMPLAINT:	W 75	1836	Lud-	If punt	
Location: Neck LB	Ohj L	-()	Jo	int humi	· ~
quality: ach ber	n throl	Shay	U	reford	
Duration: Ocy	a Gyman	- funt a	ture li	It 300 lh Da	lled
Severity 1 – 10:	is ry		(100)	N.Q. 1-	-04
Associated Symptoms: 5	Superita	. activi	5 1 cm	feni	
REVIEW OF SYSTEMS:	ewi	Performance of the second of t		Marinet and a second se	
Constitutional: Fever:	NoYes NoYes NoYes	Comment:Comment:Comment:			
Hend, Eyes, Ears, Nose, Throat:	NegPos	Comment:	imal		
Cardiovascular:	Neg. Pos.	Comment:		0.4.4	
Pulmonary:	NegNos.	Comment: / /	WALLEY WALL	1.1005	
Gastrointestinal:	NegPos.	Comment: X.	amusto	me A	
Genitourinary:	Neg Pos.	Comments DAAD	ial Olimi	me Min	
Musculoskeletal: Skin:	NegPos. NegPos.	Comment:	m, mirr	ur puri	
Neurological:	Neg. Pos.	Comment: W.	rickeryl ,	MONINGITS	
Psychiatric: Depression:	No Yes	Comment:		0	
Endocrine:	Neg. Pos.	Comment:			
Allergy:	No Ves 191	dol, ASA,	codein	l, VIWOIN	
(Initial evaluation only)	T	1			
PAST HISTORY:	FAMILY HIS	TORY:	SOCIAL	HISTORY:	
rand surgery	CA pa	novahe		HISTORY: Shacio ETCH OCCUPE SCOWING	not
tensellecting	CA cino	w/mm)	(X	<b>W</b> .	
Vasestony	CA pa CA UNO Other US		Physician	signature	
107590013 D P1/2 (4-01)			V	-	

Patient: Date/Time:  JAMES Bellezoun  Patient: PHYSICIAN	D 2 15 70 - 00303  PROGRESS NOTE
PHYSICAL EXAM: Orientation/Psych: A/Ox3 Appropriate Depressed Abnormal	GE 2 OF 2  Skin:  WNL  Abnormal
Cardiovascular:  Regular without murmur/rub/gallop Abnormal	Neurological: CN II-IV WNL Reflexes intact Sensation WNL Abnormal
Pulmonary: CTA Abbormai	Lymphatic: nodes Neg Pos. Neck Axilla Cavicular Inguinal
Gastrointestinal: BS pos x4 Neg distention Neg tenderness Neg masses	Review of Diagnostic Tests:
Musculosketelal:  Spine tendeness Spine swelling Spine deformity	Neg. Pos.
RUE tenderness swelling atrophy muscle strength 0-5 Abnormal	LUE tenderness swelling atrophy muscle strength 0-5 Abnormal
RLE tenderness swelling atrophy muscle strength 0-5	LLE tenderness swelling atrophy muscle strength 0-5.
DIAGNOSIS AND CPT CODES:  Lowlo	Sprsylin 721.3
PLAN: PROCEDURE Lumbar Steroid Epidural Thoracic Steroid Epidural Cervical Steroid Epidural Stellate Ganglion Block Facet Level Trigger Point Injection Site OMT Celiac Plexus Lumbar Sympathetic Lysis of Adhesions Spinal Cord Stimulator Intrathecal Pump Sacroiliac Injection R L OMT Intrathecal Morphine Trial Baclofen Trial  IM Injection	CBC_Diff C Spine KUB Abd MRI_of CT
Medications 107590014 D P2/2 (4-01)	Physician signature

	13
CUYAHOGA FALLS GENERAL HOSPITA	AL *
FALLS PAIN MANAGEMENT CENTER	. 45
NURSING FLOW SHEET	in his

O4/23/03 M BETLEYOUN,JAMES GEIGEN,ROBERT S GEIGEN,ROBERT S OO192	IAN SLY
--	---------

Name	<u>1981</u>	reyou	D. 12	M&Spiagnos	is <u>900</u>	)	103	<u>SUX</u>	<b>)</b>
	PRE-PI	ROCEDURE	MEDICATIO	NS ADMINISTERE	D	POST ANESTHETIC RE	COVE	RY SC	ORE
BP					MODALITY SCORE	CRITERIA	Initiated	15 min.	D/C
resp.		Easy Labored Shallow		Easy Labored Shallow	ACTIVITY	2 Lift head good hand grasp 1 Weak hand grasp 0 No movement to command			
P. Ox					RESPIRATION	Deep breath/cough     Dyspnea/Min. resp. effect     Apneic			
Cardiac	Monitored? ☐ YesRhythr	□ No	Monitored? ☐ YesRhythr	□ No nRate	CIRCULATION	2 BP +/- 20% of pre-med. 1 BP +/- 20-50% pre-med. 0 BP +/- 50% pre-med.			
LOC	A/O Sleeping Easily Aroused			A/O Sleeping Easily Aroused	CONSCIOUSNESS	2 Fully awake 1 Arousable on calling 0 Not responding 2 Pink			
O <sub>2</sub> Therapy	Rate	& Route	Rate	e & Route	COLOR	Pale/dusky/blotchy     Cyanotic/jaundice     TOTALS			
īV	-	Location		Rate	Ca	······································	Solution	1	
Recovery TIME	BP,	PULSE	RATE/	Received in Recove		SES NOTES		Yes Diet No	<u></u>
8:45	[ldo/8D	\\ \text{\gamma}	18	Followy	prisitex	amberal you	Di	-Br	W
									$\exists$
				100					$\exists$

Nurse Signature

1075900065 D S1/2 (Rev 6-02)

Condition of Injection Site		Discharge Mode				
Swelling				latory 🗆	l Cart	☐ Wheelchair
Drainage 🛛 Yes 🔲 No		Time of Dischar	ge			
	**************************************					
Patient Reports (check one)		Increased	Sam		Decreased	7
Tation Reports (electronic)		nici casca	Sain		Decreased	
Frequency of pain		V.	<u>_</u>	/	••	]
Duration of pain			1 L			
Down time						
Mobility			レ			
Use of supportive equipment Ca	ane.			-		]
Need for additional pain meds		∨ stign	ily	·		]
Sleep			0			7
,						]
	2-3)4-5-6 WY	78910				
	,					
Location of pain Upper Sal	k, lon	ur BSi	de, 7	Knee	s, re	ek
DISCHARGE		41	231	1		
Return to FPMC		Date				Time
Procedure						

107590005 D S2/2 (Rev 6-02)

			•			
Condition of In	jection Site		Discharge Mode			
Swelling	□ Yes	□ No		☐ Ambulatory	☐ Cart	□ Wheelchair
Drainage	☐ Yes	□ No	Time of Discharge		-	
Patient Reports	(check one)	···	Increased	Same	Decreased	7
					4	ļ
Frequency of pa				V Cord		4
Duration of pair	11			100	<del> </del>	-
Mobility						-
Use of supporti	ve equipment			New Long Ht	<del> </del>	┨.
Need for addition		<del></del>	<del> </del>	West cen with		4
Sleep	onar paur mous	·		<del>                                     </del>	<del> </del>	1
21ech						-
	pain <u>coxo</u> - NA S	lant o	3)4-5-6-7-8-9-10 ede need her he kno			
			ing off abo			
DISCHARGE			-			
Return to FPM	с	<del>/</del>	Date / C	· ·		Time

107590005 D S2/2 (Rev 6-02)

	100-2	
	10/C2/C2 M C2275-OCO97 BETLEYOUN, JAMES L BRESSI, JAMES P	A.C.
CUYAHOGA FALLS GENERAL HOSPITAL FALLS PAIN MANAGEMENT CENTER	DO192943	
NURSING FLOW SHEET	: parts parameters :	

Name	Bettello	un, James Mendignosi	· 2:3	Date	(0-2	<u>₹Ó</u>	<u>S</u>
	PRE-PROCEDURE	MEDICATIONS ADMINISTERED		POST ANESTHETIC	RECOVE	RY SC	ORE
BP	18498		MODALITY SCORE	CRITERIA	Initiated	15 min.	D/C
resp.	Easy Labored Shallow	Easy Labored Shallow	ACTIVITY	2 Lift head good hand grasp 1 Weak hand grasp 0 No movement to command			
P. Ox			RESPIRATION	Deep breath/cough     Dyspnea/Min. resp. effect     Apneic			
Cardiac	Monitored?  U Yes D No Rhythm Rate	Monitored?	CIRCULATION	2 BP +/- 20% of pre-med. 1 BP +/- 20-50% pre-med. 0 BP +/- 50% pre-med.			
LOC	A/O Sleeping Easily Aroused	A/O Sleeping Easily Aroused	CONSCIOUSNESS	2 Fully awake · 1 Arousable on calling 0 Not responding 2 Pink			
O₂ Therapy	Rate & Route	Rate & Route	COLOR	Pale/dusky/blotchy     Cyanotic/jaundice  TOTALS			
IV	Location	Rate	С	atheter	Solutio	n	
Recovery	Vitals	Received in Recover				Yes Diet N	lo
TIME	BP PULSE	T RATE O V	. که سر	RSES NOTES	ú.	1	
27				Spanil	KA	7	
		Talient	<u>Venelin</u>	derie 12. J	mal	ا مسلام	
			05485	PCP	717	<u> </u>	-1
<b> </b>							
			·				
	<u> </u>						
L	S1/2 (Rev 6-02)	Nurse Signatur	re				

condition or rale	ection Site		Discharge Mode			
Swelling	☐ Yes	□ No		☐ Ambulatory	☐ Cart	□ Wheelchair
Drainage	☐ Yes	□ No	Time of Discharge			
			1	nathad	lore 1	o ng mo
Patient Reports (	•		Increased	Same	Decreased	wants
Frequency of pai						1 mrst
Duration of pain Down time						- mult
Mobility					c	
Use of supportiv	e equipment					7 Jum
Need for addition			V?			- 1 June
Sleep						
						J
Pain intensity sca		0-1-2-	3-4-5-6 [7] 8-9-10 ant , an	hing		
Location of pain			SP, C	hij	mea	ln_
DISCHARGE				0/26	~	,
Return to FPMC	:		Date			Time
	<del></del>			The		

107590005 D \$2/2 (Rev 6-02)

	IN MANAGEM I FALLS GEN					02156-	20	30	3
	FLOW SHEET							•	
Pt Name:	BE+19	cyou	v. Ja	piggh&sis:	<del></del>	O2156-0	D D	ate:	<del>}</del>
	PRE		MEDS. ADM.			POST ANESTHETIC R	ECOVI	ERY S	CORE
BP	147/9				MODALITY SCORE	CRITERIA	INT	15 MIN	DXC
RESP.		Easy Labored Shallow		Easy Labored Shallow	ACTIVITY	Lift head/gd. hend greep     Week hand greep-uncoord.     No movement to commend			
Pulse Ox						Deep breeth/cough     Dyepme/min reep eff     Apnelc			
Cardiac	Monitored? Yes Rhythm	Mo	Monitored?YesRhythm	No	CIRCULATION	2 BP +/- 20% of pre-anseth 1 BP +/- 20-50% pre-anseth 0 BP +/- 50% pre-anseth			
roc	A & O Sleeping Easily Arous		A & O Sleeping Easily Arous		CONCIOUS- NESS	2 Fully awaite 1 Arousable on calling 0 Not responding			
O2 Therapy	Rate &	Route	Rate 4	Route	COLOR	2 Pink 1 PaleAtualcy/blotchy 0 Cyenotic/jaundice TOTALS	s		
IV	Location		Rate		Cathete	ers	oluti	ion	-
Recovery	Room Vitals			Received i	n R.R.	Yes Diet	~		,
TIME	BP	PULSE	RATE			RSES NOTES		***************************************	
				anit	el in	am un ly	d l	##	)
			·	ante	US 1	WILLIA E	#		
								1"	
				<del>                                     </del>					<del></del>
				Nurse Sign	nature:				

7590005 D1 (rev 11/99)

Condition of Injection Site	Discharge Mode							
Swellingyesno								
Drainageyesno	Time of discharge							
<u></u>	<u> </u>							
Patient Reports (check one)	Increased Same Decreased							
Frequency of pain	V-							
Duration of pain	E-V7							
Down time								
Mobility	1.1/1/4							
Use of supportive equipment	1/1/00 4							
Need for additional pain meds								
Sleep								
Pain intensity scale: (Circle) 0123- Description of pain:	and Vaming Chilosof							
Swritz								
Location of pain:	1 DOWN (4) (4)							
DISCHARGE	(5/62							
Return to FPMC:	Time							
Procedure:								
	•							

17590005 D2 (rev 1199)

CLAHOGA FALLS GENERAL HOSPIT 1900 TWENTY-THIRD STREET - CUYAHOGA FALLS, OH 44223

PRINTED: 06/24/03 04:13pm

OUTPATIENT RECORD

PATIENT INFORMATION: BETLEYOUN, JAMES L 1012TUSCARAWAS ST AKRON , OH, 44705 HOME PHONE: (330)000-0000

M/S:D RACE:1 REL: PRO ORGAN: OCCUP: AMD:

AGE:51Y SEX:M

\_\_\_\_\_\_

DOB:10/22/51

CLASS

LNG: E

SS#:288-50-4898 J R JONES

SS#: -4898 PATIENT EMPLOYER: DOB: 151 J R JONES

EMP STATUS: FULL TIME

GUARANTOR INFORMATION: BETLEYOUN, JAMES L

1012TUSCARAWAS ST E

HOME PHONE: (330) 000-0000 WORK PHONE:

AGE:51Y SEX:M OCCUP:
REL:SELF EMP STATUS:FULL TIME

POLICY NUMBERS:

GUARANTOR EMPLOYER:

CONTACT INFORMATION:

BETLEYOUN, TASHA

HOME PHONE: (330) 477-8381 WORK PHONE:

EXT:

REL: DAUGHTER

HOME PHONE:

WORK PHONE:

WORK PHONE:

EXT:

REL:

INSURANCE INFORMATION: DISABILITY ASSISTANCE

PO BOX 2645 COLUMBUS OH 43266 SUBSCRIBER INFO:

ID:774154750401

BETLEYOUN, JAMES L ID: 7741
REL: PATIENT IS INSU GROUP:
PHONE: (330) 643-7028 AUTH:

REL: PHONE: GROUP: AUTH:

REL: PHONE: ID: GROUP: AUTH:

REL: PHONE:

ID: GROUP: AUTH:

ENCOUNTER INFORMATION:

ADMT:1115 BRESSI, JAMES P ATTN:1115 BRESSI, JAMES P REF:

PREV ADM:05/23/03 MRSA: INJ INFO:

ARRIVAL MODE

SRC:1 TYPE:3 SVC:MED LOCATION LAB

PT ALLERGIES:

Labyre, 03 ADM DX:721.0-CERVICAL SPONDYLOSIS

WRK DX:721.0-CERVICAL SPONDYLOSIS

ADMT COMMENT:

ADM DATE:06/24/03 TIME:04:12pm D/C DATE:06/24/03 AD REP CMK

P/T:O/P ACCT#:03175-00281 F/C A UNIT#:00182943



### CUYAHOGA FALLS GENERAL HOSPITAL 1900 TWENTY-THIRD STREET - CUYAHOGA FALLS, OH 44223

PRINTED: 04/23/03 06:17am

OUTPATIENT RECORD

PATIENT INFORMATION: BETLEYOUN, JAMES L 984 BOONE CT

AKRON ,OH,44306 HOME PHONE: (330)696-9852 WORK PHONE: (330)848-6000

AMD: CLASS

LNG:E

SS#:24898 PATIENT EMPLOYER:
DOB: 51 B&C RESOURCE
AGE:51Y SEX:M 842 NORTON AVE
M/S:D RACE:1 BARBERTON ,OH
REL:PRO ORGAN: OCCUP:MACHINIST

EMP STATUS: FULL TIME

GUARANTOR INFORMATION: BETLEYOUN, JAMES L

984 BOONE CT

AKRON , OH, 44306 HOME PHONE: (330)696-9852

WORK PHONE: (330)848-6000

GUARANTOR EMPLOYER:

SS#:288-50-4898 B&C RESOURCE BARBERTON BARBERTON

BARBERTON ,OH,
AGE:51Y SEX:M OCCUP:MACHINIST
REL:SELF EMP STATUS:FULL TIME

CONTACT INFORMATION:

BETLEYOUN, TASHA

HOME PHONE: (330) 477-8381 WORK PHONE:

EXT:

REL:DAUGHTER

HOME PHONE:

WORK PHONE:

EXT:

REL:

INSURANCE INFORMATION: SUBSCRIBER INFO: POLICY NUMBERS: COUNTY WELFARE OP BETLEYOUN, JAMES L ID:774154750401 SUMMIT CTY GENERAL ASSIST REL: PATIENT IS INSU GROUP:

AKRON OH 44308

PHONE:

AUTH:

REL: PHONE:

AUTH: GROUP: AUTH:

ID:

GROUP:

REL: PHONE:

REL:

ID: GROUP: AUTH:

PHONE:

ADMT:2154 GEIGER, ROBERT S MRSA: ATTN:2154 GEIGER, ROBERT S INJ IN

ENCOUNTER INFORMATION:

REF: 3333 NOFAMILY, PHYSICIAN

PREV ADM:02/17/03

INJ INFO:

ARRIVAL MODE

SRC:1 TYPE:3 SVC:MED

PT ALLERGIES:

ADM DX:715.95-OSTEOARTHROS NOS-PELVIS

WRK DX:721.0-CERVICAL SPONDYLOSIS

ADMT COMMENT:

LOCATION PNM

ADM DATE:04/23/03 TIME:06:17am D/C DATE:04/23/03 AD REP DEM P/T:PNM ACCT#:03113-00124 F/C A UNIT#:00182943



### Cuyanga Falls General Hospita 1900 23rd Street Cuyahoga Falls, Ohio 44223

Patient Name					Sex	Birthdate		Age		Medical Record Number	<del></del>	Accou	nt Number	
BETLEYOUN	N, JA	MES L			Male	1951 51			00182943		0311300124		124	
Admit Date				Dischar				LOS	Dispos					
04/23/03 Primary Pay Source				04/2	23/03		Atte	1 nding Physici	O/F	Disp to Home	or Se	əlf		ID Num.
Welfare							1	EIGER,		ERT		2154		
DRG Code		DRG Text									Ī	Discharge	Service	1-17
245		BONE			AND SPECI	FIC ARTHRO Geometric Mean LOS	PA1	THIES V						IESIOLO
DRG Weight			Average LC						Outlie	r Threshold			Reimbursen	nent
0.4698 Coded Date			3.400	<u> </u>		2.7000 Coder			LU	<del> </del>		2366 Patient T		
04/24/03						CAR				•			atient	
Admit DX	Adn	ut Dia <sub>l</sub>	gnosis T	ext										
71595	оѕт	EOAR	THROS	is, l	JNSPECIFIED	WHETHER	GEN	IERALI	ZED	OR LOCALIZED	, PEI	LVIC		
Prin. DX	Prin	cipal L	riagnosi.	s Tex	ı									
71595	оѕт	EOAR	THROS	IS, l	UNSPECIFIE	WHETHER	GEN	IERALI	ZED	OR LOCALIZED	; PEI	LVIC		
DX Code	Seco	ndary.	Diagnos	is Te	xi									
7210 7213	i				WITHOUT MYE OSIS WITHOUT	LOPATHY MYELOPATHY				6	•.			
	1													
	}													
	}													
													,	
Prin. RX	Prin	cinal P	roceduri	. Ter	1						Dai	, 1	Ç,	rgeon
														8-0%
	Ī													
RX Code	0		Procedu	m.	.ut						Dai	<i>.</i>	O.	rgeon
AA CUGE	эеш	·········y	t / CLEAN	,								-		geom
												- 1		
1	İ													
												- 1		
												- 1		
COVE CO.														
CPT Code a	na mil	uner:	CPI	Proc	cedure Text						Da	re	Su	rgeon
			1											
1												- 1		
1			ŀ											
l .		<i>-</i>								İ		- 1		
1	_/	()												
1	1	/_				1 Server								
-(f.	Jr.	4					_							<del></del>
Attending I	Physic	ian Sig	nature			Page 1	of I			Date				

Page I of I

789.0	1 · · · · · · · · · · · · · · · · · · ·		11		719.4	1 pain in joint / shoulder
625.9	unspecified symptom of female gen.		П	$\vdash$		pain in joint / pelvic & thigh
569.4	2 Janal or rectal pain		П			pain in joint / multiple sites
-			П		729.5	
L	Arthritis		1	_	354.0	Part at armp
729.1	myalgia and myositis, unspecified					carpal tunnel syndrome
714.0	rheumatoid arthritis	$\dashv$				lateral epicondylitis
	Osteparthritis / shoulder			-	26.1	rotator cuff syndrome
				Щ		<u>L</u>
	Osteoarthritis / hand		Ι.			Lumbar
	Osteoarthritis / pelvic region and thigh			8	47.2	strains and sprains / lumbar
	Osteoarthritis / ankle and fool		11	7		displacement thoracic lumbar disc
715.09	Osteoarthritis, generalized / multiple sites		11	7	22,83	postlaminectomy syndrome / lumbar region
733.00	Osteoporosis / unspecified		1 [	7.	24.B.	Facel Syndrome
805.8	vertebral compression fracture	. ]	ır	7	20.2	sacrollitis
			1	7.	24.02	spinal stenosis/ lumbar
	Cancer		! h			degeneration./ limbosacral intervertebral disc
198.3	Secondary malignant neoplasm / brain and spinal cord		Ł			tumbosaoral spondylosis
162.9	Malignant neoplasm of bronchus and lung, unspecified	11	F		_	
197:0			` <b> </b> -			tumbago
	Secondary malignant neoplasin lung		Į.		_	disorders of coccyx
153.9	maignant neoplasm of colon, unspecified		L			lesion of scialic nerve
151.9	malignant neoplasm of the stomach, unspecified		L			meningitis, Unspecified
157.9	Malignant neoplasm of pancreas, unspecified		L	34	9.2	disorders of meninges, not elsewhere classified
174.9	Malignant neoplasm of female breast, unspecified		Г			
183,0	Malignant neoplasm of ovary	.,	•	-		Nervous System
185	malignant neoptasm of prostrate	71	Г	35		causalgia of upper limb
733.13	pathologic fracture / of verlebrae	7	:  -	_		causalgia of lowier limb
			┢			RSD, unspecified
	Cervical		1-	_		
5046	Temporomandibular joint disorders		$\vdash$	_	_	RSD of upper limb
524.6	Pain in neck		L	337	22 F	RSD of the lower limb
723.1			_			*
723.4	Brachial neuritis or radiculitis NOS		L	729		euralgia, neuritis, and radiculitis, unspecified
847.0	Sprains and strains / neck	<b>-</b> 1 ¹		723	.4 b	rachial neuritis
7210	Cervical spondylosis without myelopathy	i	L	353	.8 o	ther nerve root and plexus disorders
7224	Degeneration of cervical intervertebral disc	_]	L	355	.8 m	nononeuritis of lower limb, unspecified
723.0	Spinal stenosis in cervical region	11		355	1 m	eralgia paresthelica
722.71	Intervertebral disc disorders with myelopathy / cervical region		Γ	340	m	uttiple sclerosis
722.81	Post laminectomy syndrome / cervical region	71	T.	337	1 0	eripheral autonomic neuropathy
		71.		250.		abetes with neurological manifestations
	Chest / Thoracic		一	351.		her facial nerve disorders
R47 1	Sprains and Strains / Thoracic	7	Ι	350.		geminal neuralgia
	chest pain / painful respiration / pleutic	-	L	1004	- 1-1	gottinia riculagia
		-11,		laca :	- 1	
	Pietze's disease		<u> </u>	053.1	_	ostherpetic trigeminal neuralgia
	Thoracic spondylosis without myelopathy	411				ostherpetic polyneuropathy
	degeneration of lumbar or lumbosacral intervertebral disc	411		053.	9 ot	her
24.1	pain in thoracic spine	_		L		
22.11	thoracic intervertebral disc without myelopathy	] [.`			Ϋ́ε	ascular .
37.3	kyphoscoliosis and scoliosis	711	_	443.0		aynaud's syndrome
	fracture of ribs / closed / # of	<del>- </del>		443.9		ripheral vascular disease, unspecified
	Thoracic or lumbosacral neuritis or radiculitis, unspecified	-    L	لب		, the	ilpriciai Vasculai discass, dilopedinos
47.7	miscoo or funnosacial riguitos of facticultus, unspecificu	-    ,				
		┙╽		344.0		adriplegia and quadriparesis
	Headache	ـ ا ا		344.1	pa	raplegia
	facial pain	] ] [	. 1	348.8	ott	ner conditions of brain
	classical migraine / with intractable migraine (with aura)	]	$\neg$			
46,11	common migraine / with intractable migraine (sick headache)	7 / [	اب		<u> </u>	
	Tension Headache	ヿレ			-	Add Add Add Add Add Add Add Add Add Add
	variants of migraine	┨╿.		·		orkers Compensation Original
<del></del>		- 1				
49.0	reaction to spinal or lumbar puncture	4	أسا			
- 1		.j 1				<u> </u>

O4/23/03 N O2113-OC124

BETLEYJUN, JAMES L
Inflight Fischioffelle Bours 22/51
Inflight Fischioffelle Bours 22/51
Inflight Fischioffelle Bours 22/51





CONSENT TO GENERAL CARE: The undersigned consents to general care for the patient identified above

. ) at Cuyahoga Falls General Hospital, including diagnostic care and treatment performed at or by the Hospital, its employees and agents, and practitioners on the Medical Staff. These and treatment are independent contractors, not Hospital employees, and have the right to separately bill for their services, practitioners are independent contractors, not Hospital employees, and have the right to separately bill for their services. AUTHORIZATION FOR THE RELEASE OF INFORMATION: The undersigned authorizes the Hospital and practitioners providing services to the patient to release medical and demographic information to billing agents of those performing professional services for a patient during the hospital visit. These disclosures are made to allow the Hospital and health care professionals to obtain payment for charges incurred as a result of this hospital visit. The understaned acknowledges that this authorization may be revoked in writing at any time, except to the extent action was taken in reliance upon it. This authorization is valid for the time needed to process payment claims pertaining to this hospital visit and, unless earlier revoked, will expire two years after the date below. The undersigned and the patient release the Hospital, its employees and agents, from all legal liability arising from this authorization. This release applies to all medical information arising out of the patient's hospital visit (including HIV test results, AIDS diagnosis, AIDS-related conditions, alcohol, drug or psychiatric treatment, except as otherwise restricted by law) whether such information is given prior to, during or after discharge from the Hospital and specifically includes all information released in the preauthorization, pre-certification, concurrent and retrospective review process whether such information is in verbal or written, original or copy form, and whether given personally, via telephone or otherwise. The Hospital may also disclose such information to any other hospital or health care provider from which the patient receives services.

NOTICE OF INDEPENDENT CONTRACTOR STATUS: Physicians who render professional services to you in Cuyahoga Falls General Hospital, other than residents and interns in training, are independent contractors and are not employees or agents of the hospital. Cuyahoga Falls General Hospital is not responsible for the acts or omissions of these physicians who are not under the direction and control of the hospital in the performance of their professional services.

ASSIGNMENT OF INSURANCE BENEFITS TO HOSPITAL: The undersigned assigns to the Hospital, and any practitioner who accepts assignment, any and all benefits, including major medical, that are payable to the patient for payment of medical care and treatment during this Hospital stay. The patient is responsible for charges not covered by an assignment. Should the account be referred for collection, the patient shall be responsible for any attorney's fees and collection expenses in addition to the amount being collected.

FALLS EMERGENCY PHYSICIANS, INC. Assignment of benefits: I hereby assign unto Falls Emergency Physicians, Inc. All hospitalization or medical insurance benefits payable to me or on my behalf by virtue of my admission or treatment in the Emergency Department on the date(s) below.

Non Medicare Patients: Responsibility for Payment of the bill: I understand that I am financially responsible for all charges

Medicare Patients Only: I request payment of authorized Medicare benefits to Falls Emergency Physicians, Inc. And understand am responsible for any co-payments or deductibles.

Release of information: I authorize and consent to the release of information, from medical records, as requested by my insurance company or other reimbursing agency as required by any Federal, State, or Local law or regulation.

PERSONAL VALUABLES: It is understood that the Hospital maintains a safe for patient valuables and it is agreed that the Hospital will not be liable for any loss or damage to valuables brought tot the Hospital. The Hospital requests that valuables not be brought to the Hospital.

ADVANCE DIRECTIVES: The undersigned acknowledges that the Hospital has taken the following action:

Information requiring Advance Directives has been provided.

When asked whether or not the patient has formulated an Advance Directive, the undersigned has responded (Check Dne):

D Yes, and a copy included in Medical Record.

Yes, but a copy has not been presented.

IGHTS AND RESPONSIBILITIES: The undersigned acknowledges receipt of an explanation of patient rights and isponsibilities at the Hospital.

EDICARE, AN IMPORTANT MESSAGE FROM MEDICARE: The undersigned acknowledges receipt of a notice ititled: "An Important Message from Medicare".

HAMPUS, AN IMPORTANT MESSAGE FROM CHAMPUS: The undersigned acknowledges receipt of a notice entitled: n Important Message From Champus/Champva".

EDICARE: MSP QUESTIONNAIRE: The undersigned acknowledges that he or she has been asked the questions indicare requires regarding Medicare Secondary Payors.

nature of Patient, Closest Relative or Guardian

Responsible Party & or Insured/ Conditions of Admissions

Assignment of Benefits

Date Date

Witness

O4/23/02 H 20/23/02 D BETLEYDUN, JAHES L CELGER, 108ER S CELGER, PHYSICIAN NICHARLY, PHYSICIAN NICHARY, PHYSICIAN NICHARLY, PHYSICIAN NICHARLY, PHYSICIAN NICHARLY, PH

01113-0C154

CUYANGA FALLS GENERAL HOSPITAL

1900 TWENTY-THIRD STREET - CUYAHOGA FALLS, OH 44223 

PRINTED: 01/21/03 01:42am OUTPATIENT RECORD

PATIENT INFORMATION:

HOME PHONE: (330)696-9852 WORK PHONE: (330)848-6000

AMD:

CLASS

LNG:E \_\_\_\_\_

PATIENT INFORMATION:
BETLEYOUN, JAMES L
524 INNMAN ST QOU BOOK CHARON , OH, 44306 M/S:D RACE:1 BARBERTON , OH HOME PHONE: (330) 696-9852 REL:PRO ORGAN:

PATIENT EMPLOYER:
B&C RESOURCE
842 NORTON AVE
BARBERTON , OH
OCCUP:MACHINIST

EMP STATUS: FULL TIME

GUARANTOR INFORMATION: BETLEYOUN, JAMES L 524 INNMAN ST

AKRON , OH, 44306 HOME PHONE: (330) 696-9852 WORK PHONE: (330) 848-6000

GUARANTOR EMPLOYER:

SS#:288-50-4898 B&C RESOURCE DOB:10/22/51 842 NORTON AVE

BARBERTON ,OH,
AGE:51Y SEX:M OCCUP:MACHINIST
REL:SELF EMP STATUS:FULL TIME BARBERTON

CONTACT INFORMATION:

BETLEYOUN, TASHA

HOME PHONE: (330) 477-8381 WORK PHONE:

EXT:

REL:DAUGHTER

HOME PHONE:

WORK PHONE:

EXT:

REL:

INSURANCE INFORMATION: SUBSCRIBER INFO: WORKERS COMPENSATION

BUREAU OF WORKERS' COMP. COLUMBUS OH 43215

SUBSCRIBER INFO: POLICY NUMBERS:
BETLEYOUN, JAMES L ID:288504894
REL: PATIENT IS INSU GROUP:94-517265

AUTH:

REL: PHONE:

PHONE:

RET. PHONE:

REL: PHONE:

**GROUP:** AUTH:

**GROUP:** AUTH:

TD: GROUP: AUTH:

ENCOUNTER INFORMATION:

ADMT:1115 BRESSI, JAMES P ATTN:1115 BRESSI, JAMES P REF: 2154 GEIGER, ROBERT S PREV ADM:10/02/02

MRSA:

INJ INFO:

ARRIVAL MODE

SRC:1 TYPE:3 SVC:MED

LOCATION PNM

PT ALLERGIES:

ADM DX:715.95-OSTEOARTHROS NOS-PELVIS

WRK DX:721.0-CERVICAL SPONDYLOSIS

ADMT COMMENT:

ADM DATE:01/21/03 TIME:12:01am D/C DATE:01/21/03 AD REP \*\*\*

P/T:PNM ACCT#:03021-00062 F/C 3 UNIT#:00182943

## Cuyahoga Falls General Hospi 1900 23rd Street Cuyahoga Falls, Ohio 44223

Patient Name		-		Sex		Birthdate		Age		Medical Record Number		Accou	t Number		
BETLEYOU	N, JA	MES L		М	aie	1951 51			00182943		030	0302100062			
Admit Date Discharge Date							LOS	Dispos							
O1/21/O3 Primary Pay Source			1	01/21	03		TAna	1 nding Physic	0/1	Disp to Home	or S	elf	I ID Num.		
BWC										ES P DO			1115		
DRG Code		DRG Text										Discharge			
243		MEDI	CAL BA	ACK PF	OBLEMS								NESTHESIOLO		
DRG Weight			Average LC			Geometric Mear	LOS		1	r Threshold			Reimbursement		
0.7418 4.7000 Coded Date						3.7000 Coder			0	0			3737.30 Patient Type		
01/22/03						CAR						Outpatient			
Admit DX	1 44.	ar ma	mosis T	Part .								<u> </u>			
AWAII DA	7,5		(inchio i	***											
7210	CER	VICAL	SPON	DYLOS	IS WITH	OUT MYEL	OPATI	ŀΥ							
n - nv															
Prin. DX	rru	cipat L	lagnosi	s text											
7210	CER	VICAL	. SPON	IDYLOS	IS WITH	OUT MYEL	OPATI	ΗY				,			
DX Code	Seco	mdary	Diagno:	sis Text											
7213	LUMI	BOSACE	AL SPO	NDYLOS	IS WITHOUT	MYELOPA	THY						•		
ļ										No. of a					
	1			,											
	1														
	1														
	ì														
	1														
	i .														
	1														
										•			,		
Prin. RX	Рин	cinal P	rocedur	o Terr							Da	10	Surgeon		
******	1	miner s		C 1 CA.									om goon		
RX Code	Seco	ondary	Procedu	ire Text							Da	te	Surgeon		
1															
f	1										1	1			
CPT Code a	nd Me	difter(	ושיק (נ	P Dwas	ure Texa						Da	10	Surgeon		
			100	I LOCKU	C 1 EA4								rus Score		
1			-								1	1			
1			1												
											1				
												1			
			X	<b>1</b>											
· · · · · · · · · · · · · · · · · · ·			1		****	······································									
		ļ	/ 1		<b>1</b> -	· Brandon									
		\		1 V	ンレ		·								
Attau din -	Dhi.	ian C:-	$\prod$							n					
Attending I	rnysic	ıan sıg	ngure			Pa	ge I of I			Date					
			\ /												
			V												

	~ `	\_		$\mathcal{A}_{\ell}$	"				þ	EGIST	RATIC	N FOF
		MEDICAL RECO	RD	PT TYPE	SER	VICE CO	DE I	FIN CL		UNT NUMBE		
YAHOGA FALLS GENERAL HOSPI	ITAL	00182943	P	NM	MEI	D	ļ	3	0227	5-000	77	
E Last First TLEYOUN, JAMES L			L SECURITY 48				M21 1	ACE	ROOM		AD. DI	
IENT ADDRESS CITY I INNMAN ST AKRO		STAT	E ZIP 44306				ODE/HOME PI )		SUMM			SEX I
LOYER		PL STATUS	44000	BU	S PHON		77070 7			AL MODE		1' "
RESOURCE		ULL TIME			330)(	348-6						
OYER ADDRESS NORTON AVE	CITY SARBERTON	1	STA*	TE ZIP		ľ	MACHIN			PRO	s 1	OURCE
NAME Last First	MASCATOR		OCIAL SECU	RITY NO.	AGE	BIRTI	DATE		ODE/PHON	1	TRELATIO	I
ETLEYOUN, JAMES L		20	38-50-4	<b>398</b> 5	OY	10/2	2/51	330)	696-9	652	SELF	
JUARANTOR ADDRESS		CITY		STAT		_		OCCUP				BMPL S
24 INNMAN ST		AKRON TEMPLOYER ADI	VDESS.	OH	443	06	CITY	MACHI	NIST	STAT	E ZIP	<u> </u>
&C RESOURCE		842 NOR					BARBER	TON		DH	C 21	
AME		<u> </u>		····		AR	EA CODE/HO	ME PHONE	RELA	TIONSHIP		
ETLEYOUN, TASHA							30)477	-8381	DAUC	HTER		
*DDRESS		CITY クラン/	KIL	72-10	Un	STATE	ZIP			AREA	CODE/WO	RIK PHONE
CARRIER NAME		GROUP NO.	77	POLICY	NO.		Г	INSURE	NAME		AUTHOR	RIZATION
DRKERS COMPENSATION	1	94-51726	5 28850			)	BETEE					
JORKERS COMP PROF FE		94-51726	5 28850	4894			BETLE	YOUN, .	IAMES			
Medicar	<del>-11 \</del>	<del>1015</del>	418	X37	7-,	MA	6 0	2	سليبر			
ADMITTING PHYSICIAN ATTEN	VOING PHYSICIAL		REFER	IRING PHYSIC	IAN_		TINUT	IRY		NJ DATE &	IME	
-	BRESSI,	JAMES P										
ADMITTING DIAGNOSIS 15.95-0STEDARTHROS NOS-	.bci ure	721 0	COUTE	AL SPO	MOVI	nere			TIME PRIN	iTED )2≠27aı	_	
OTES	TLCV10/	1 721.0	JUL-11 V 1 L									
	1			OTHER FACE				1-7-2-		, L • L / Q		SIT DATE
	PNM PAIN	MANAGEMI	ENT					1-7-2-				
	PNM PAIN	ADMIT BY		OTHER FACI	LITY	ADN	IT TIME		SCH DATE		FINAL VI	02
LLERGIES		ADMIT BY ★★★		ADMIT DATE	2	ADN 12:	Olam	DIS	SCH DATE		FINAL VI 5/13/	02
ENT TO GENERAL CARE: The undersign hoga Falls General Hospital, including deneral are independent contractors, not in PRIZATION FOR THE RELEASE OF IN aphic information to any insurance car sees the release of this information to bill	gned consents diagnostic care Hospital employ MFORMATION trier or other p	ADMIT BY  ***  to general care and treatment yees, and have : The undersignarty that is, or those performin	for the pati performed a the right to ned authoriz may be, lii g profession	ADMIT DATE O/O2/O  ent identified at or by the is separately zes the Hos able for Ho net services	d above lospita bill for pital ar spital o	ADM 12: I, its em their seind praction or professatient de	YOUN, Jo ployees and vices. itioners provisional charguring this ho	AMES L agents, a riding serv ges resulti	and practing from the These	tioners on he patient a hospital disclosure	FINAL VI DISCH TO the Medical to release visit. The	ME  al Staff. 1  a medica  a unders  le to allo
ENT TO GENERAL CARE: The undersign hoga Falls General Hospital, including deneral representation of the property of the property of the property of the property of the property of the property of the extent action, unless earlier revoked, will expire two from this authorization. This release apons, alcohol, drug or psychiatric treatmetrially includes all information released in or copy form, and whether given person	gned consents diagnostic care lospital emploi MFORMATION frier or other p ling agents of or pon was taken it o years after the opies to all munt, except as of the pre-authou	ADMIT BY ***  to general care and treatment yees, and have : The undersign early that is, or those performin therges incurred in reliance upon the date below. adical information titerwise restrict tzation, pre-cer	for the pati- performed a the right to ned authorit- may be, li- g profession i it. This aut The undersi- on arising o cited by law) tification, co	ADMIT DATE  O/O2/O:  ent Identifie  at or by the I  separately  zes the Hos  able for Ho  als services  of this hoe  horization is  igned and it  ut of the pa  whether su  wacurrent an	d above lospital bill for pital ar epital o for a p bital visi valid fi ne patte titent's ch info d retros	ADM 12: I, its emitheir seind praction or profess settlent de it. The upor the tile ont relea hospital rmation spective	EQUIN, Ju ployees and vices. Itioners provisional charguring this ho- endersigned on needed se the Hosp visit (including is given prices of the control of t	AMES L agents, a riding services resulti spital visit acknowled to process oltal, its er ling HIV to ro to, durin- ress wheth	and practive rices to the rices	tioners on the patient a hospital disclosure this authout this authout	FINAL VI  6/13/ DISCH TI  its Medica to release visit. The sare macinization mertaining to ts, from a die from the in is in vei	ME  al Staff. T  a medica  unders  le to allo  ay be rev  othis ho  il legal li  AIDS-re  Hospitz  Hospitz
ILERGIES  INT TO GENERAL CARE: The undersigning a Falls General Hospital, including diners are independent contractors, not individually including the procession of the papic information to any insurance cares the release of this information to bit if and health care professionals to obtain gratiany time, except to the extent actic d, unless earlier revoked, will expire two from this authorization. This release apions, alcohol, drug or psychiatric treatmetically includes all information released in or copy form, and whether given person a patient receives services.  IMENT OF INSURANCE BENEFITS TO yedical, that are payable to the patient end. Should the account be referred for NAL VALUABLES: it is understood the service for the thospital. The Hospital	gned consents diagnostic care lospital employ my mrong or other ping agents of on was taken it o years after the pre-authornally, via telep O HOSPITAL: at for payment roellection, the at the Hospital I requests that	ADMIT BY ***  to general care and treatment yees, and have : The undersign ent is, or those performin tharges incurred in reliance upon edate below. adical informatic tization, pre-cer thone or otherw  The undersign of medical car patient shall b in maintains as valuables not i	for the pati performed at the right to need authorite may be, lie g profession it. This auti The undersion arising o tade by law) tification, co sise. The Ho ed assigne to e and treats e and treats afe for patie be brought to	ADMIT DATE  (0/02/0)  ent identifie  at or by the is separately  rest the Hos  price and it is the hos  price and it is  price and it  at of this hose  whether su  whether su  or the Hospi  ment during  le for any at int  valuables  o the Hospi  on the Hospi  on the Hospi  on the Hospi  on the Hospi  on the Hospi  ment during  le for any at int  valuables  o the Hospi  on the Hospi  on the Hospi  ment valuables  on the Hospi  on the	2 d above dospita bill for pital ar of for a p bital visi valid fi entent's ch info d retro dso dis this H tos and it	ADM 12: I, its emitheir seind practic or professatient di it. The u or the til ont relea hospital mation epective close su any pra- tospital is s fees a a is agre	CYDUN, Jiployees and vices. Interest provisional charguring this he indersigned in meded se the Hosp visit (including given priciple) in the inderest proview procech informati actitioner which is given the priciple indicated in the indicated in	AMES L agents, a siding serv ges resulti septial visi acknowled to process oltal, its er ling HIV to r to, durir sess whetl on to any o accepts attent is r expense	and practing from the property of the property	tioners on the patient a hospital disclosure this autho it claims p and agen and agen its, AIDS or discharg informatio spital or he ent, any au ion to the	its Medicato release visit. The sare madization mertaining its, from a diagnosis e from the nis in versalth care and all been ges not carmount b	ME  al Staff. 1  a medica  a unders  le to allo  ab to his ho  il legal ii.  AIDS-re  a Hospite  balor w  provider  effits, incl  covered i  covered i
ENT TO GENERAL CARE: The undersignoga Falls General Hospital, including diners are independent contractors, not help and the properties of the properties of the second of the properties of the extent action, and the although the properties of the extent action, and the although the properties of the	gned consents diagnostic care lospital emploi MFORMATION FORMATION FOR THE CONTROL OF THE CONTRO	ADMIT BY ***  to general care and treatment yees, and have : The undersign arry that is, or those performin therges incurred ne date below, adical informativation, pre-cer hone or otherw  The undersign of medical care patient shall b maintains a si valuables not t at the Hospital ovided.	of the pati- performed at the right to may be, its g profession of as a result it. This aut The undersion or arising o cted by law) tification, co ise. The Ho et and treat e responsiblate for patie be brought thas taken the	ADMIT DATE O/O2/O2  ent Identifies to rby the is separately zes the Hos able for Hon and services of this hose horization is gned and it ut of the pe whether su mcurrent an spittal may is o the Hospi ment during le for any at int valuables o the Hospi he following	d above dospital or pital ar appital or or appital or of a p p pital ar velid fi e patie without of retrospital or of retrospital or of retrospital or of retrospital or of retrospital or of retrospital or or or or or or or or or or or or or	ADM 12: I, its em their set of practic r profes satient di it. The u or the til mation spective close su any pra- ios fees a is agre	EYOUN, Ji ployees and vices. itioners prov- sional charg- uring this ho ndersigned in needed se the Hosp visit (Including given prices review procech informati actitioner who stay. The pend collection ed that the	AMES L agents, a siding serv ges resulti septial visi acknowled to process oltal, its er ling HIV to r to, durir sess whetl on to any o accepts attent is r expense	and practing from the property of the property	tioners on the patient a hospital disclosure this autho it claims p and agen and agen its, AIDS or discharg informatio spital or he ent, any au ion to the	its Medicato release visit. The sare madization mertaining its, from a diagnosis e from the nis in versalth care and all been ges not carmount b	ME  al Staff. 1  a medica  a unders  le to allo  ab to his ho  il legal ii.  AIDS-re  a Hospite  balor w  provider  effits, incl  covered i  covered i
ILERGIES  INT TO GENERAL CARE: The undersigned and a seriodependent contractors, not half and the patient information to any insurance cares the release of this information to bill and health care professionals to obtaining at any time, except to the extent actic d, unless earlier revoked, will expire two from this authorization. This release of incs, alcohol, drug or psychiatric treatmetically includes all information released in or copy form, and whether given person a patient receives services. IMENT OF INSURANCE BENEFITS TO redical, that are payable to the patient ent. Should the account be referred for NAL VALUABLES: It is understood the strongth to the Hospital. The Hospital INCE DIRECTIVES: The undersigned actinformation regarding Advance Directive asked whether or not the patient has for	gned consents diagnostic care tospital emploi my more or other piling agents of the present the present as the pre-authornally, via telep O HOSPITAL: it for payment or collection, the at the Hospital requests that knowledges the se has been primulated an Ac	ADMIT BY ***  to general care and treatment yees, and have : The undersign arry that is, or those performin therges incurred ne date below, adical informativation, pre-cer hone or otherw  The undersign of medical care patient shall b maintains a si valuables not t at the Hospital ovided.	of the pati- performed at the right to may be, its g profession of as a result it. This aut The undersion or arising o cted by law) tification, co ise. The Ho et and treat e responsiblate for patie be brought thas taken the	ADMIT DATE O/O2/O2  ent Identifies to rby the is separately zes the Hos able for Hon and services of this hose horization is gned and it ut of the pe whether su mcurrent an spittal may is o the Hospi ment during le for any at int valuables o the Hospi he following	d above dospital or pital ar appital or or appital or of a p p pital ar velid fi e patie without of retrospital or of retrospital or of retrospital or of retrospital or of retrospital or of retrospital or or or or or or or or or or or or or	ADM 12: I, its em their set of practic r profes satient di it. The u or the til mation spective close su any pra- ios fees a is agre	EYOUN, Ji ployees and vices. itioners prov- sional charg- uring this ho ndersigned in needed se the Hosp visit (Including given prices review procech informati actitioner who stay. The pend collection ed that the	AMES L agents, a siding serv ges resulti septial visi acknowled to process oltal, its er ling HIV to r to, durir sess whetl on to any o accepts attent is r expense	and practing from the property of the property	tioners on the patient a hospital disclosure this autho it claims p and agen and agen its, AIDS or discharg informatio spital or he ent, any au ion to the	its Medicato release visit. The sare madization mertaining its, from a diagnosis e from the nis in versalth care and all been ges not carmount b	ME  al Staff. 1  a medica  a unders  le to allo  ab to his ho  il legal ii.  AIDS-re  a Hospite  balor w  provider  effits, incl  covered i  covered i
ENT TO GENERAL CARE: The undersigned as a process of the contractors, not help and the contractors, not help as a process of the contractors, not help as a process of the contractors, not help as a process of the release of this information to bill at and health care professionals to obtain ag at any time, except to the extent actical, unless earlier revoked, will expire two from this authorization. This release apons, alcohol, drug or psychiatric treatment coally includes all information released in or copy form, and whether given person a patient receives services.  IMENT OF INSURANCE BENEFITS TO heldical, that are payable to the patient ent. Should the account be referred for NAL VALUABLES: it is understood these brought to the Hospital. The Hospital NCE DIRECTIVES: The undersigned accompanion regarding Advance Directive asked whether or not the patient has to 1 yes, and a copy included in Medical Re 1 yes, but a copy has not been presented.	gned consents diagnostic care clospital employment for consenses taken is o years after the pre-authounally, via telep of HOSPITAL: It for payment recollection, the at the Hospital in requests that knowledges the se has been primulated an Accord.	ADMIT BY ***  to general care and treatment yees, and have : The undersign or reliance upon ne date below. adical information tization, pre-cer hone or otherw  The undersigne of medical care patient shall b i maintains a si tat the Hospital ovided.  tvance Directive	for the path performed a the right to may be, lik g profession is a result it. This auti The undersion arising o ted by law) tification, co ise. The Ho ed assigns t e and treath e responsible afe for patie be brought thas taken the	OTHER FACIONAL CONTROL OF THE CONTRO	d abovidos de la descripción d	ADM 12: I, its emitheir sein or professatient dit. The u or the til ont relea hospital mation spective close su any pra- lospital is fees at is agre-	CYDUN, Jiployees and vices. it one is provisional charguring this hondersigned me needed se the Hosp visit (includes given procedules informational incitioner whistay. The pend collectioned that the eck One):	AMES L agents, a riding services resulti spital visit acknowled to process oftal, its er ling HIV to or to, during the control of the control accepts wheelt is ru a expense. Hospital v	and practing from the property of the property	tioners on the patient a hospital disclosure this autho it claims p and agen its, AIDS or dischargi informatio spital or he ent, any au te for char ion to the e llable for	its Medicato release visit. The sare madization mertaining its, from a diagnosis e from the nis in versalth care and all been ges not carmount b	ME  al Staff. Tale medical sunderside to allow this hould be revoluted by the sunderside to allow the sunderside to the
ILERGIES  INT TO GENERAL CARE: The undersigning a Falls General Hospital, including digners are independent contractors, not PRIZATION FOR THE RELEASE OF INTERPROPERSION FOR THE RELEASE OF TH	gned consents diagnostic care lospital employ my more or other piling agents of to payment for con was taken it o years after the operation of the pre-authornally, via telep O HOSPITAL: at for payment or collection, the the hospital requests that knowledges these has been piling my mulated an Acacord. d.	ADMIT BY ***  to general care and treatment yees, and have : The undersign arry that is, or those performin tharges incurred in reliance upon the date below. adical informative therwise restrict ization, pre-cer thone or otherw  The undersign of medical car patient shall be in maintains a si valuables not ta the Hospital ovided.  Wedges receipt E: The undersign	for the pati- performed at the right to need authorize may be, lik g profession of a sa eresult it. This authorize trade by law) tification, co- sise. The Ho ed assigne to e and treate e responsible afe for patie be brought thas taken the c, the under of an expla-	ADMIT DATE  O/O2/O:  ent Identifie  at or by the I  separately  rest the Hos  able for Ho  als services  of this hose  horization is  gned and it  ut of the pe  whether su  ment during  te for any at  nt valuable  o the Hospi  ment during  te for any at  nt valuable  o the Hospi  he following  signed has  unation of pe  wledges rec	2 d above d spita d loopita  ADM 12: I, its emitheir seind practic or professatient di it. The u or the tit int relea hospital mation spective close su any pra- lospital is fees a a is agre- ded (Ch	cypium, Japoyees and vices. It it it in ers provisional charguring this his nederling this his indersigned is given proceed in informati actitioner whistay. The pind collection ed that the eck One):	AMES Lagents, a adding services resulting services resulting the process of the process whether the proces	and practifices to the state of	tioners on the patient a hospital disclosure this author ticlaims p and agen lifts, AIDS or discharge information spital or he ent, any are for charlon to the a liable for the general spital or he all able for the general spital sp	ts Medica to release visit. The sare macrization me retaining its, from a diagnosis e from the is in ver- ealth care and all ben ges not care amount b any loss	al Staff. The medical sunders to allo allo allo allo allo allo allo a	
ENT TO GENERAL CARE: The undersignoga Falls General Hospital, including deneral area are independent contractors, not hapkic information to any insurance cares the release of this information to bill of and health care professionals to obtain ag at any time, except to the extent actic d, unless earlier revoked, will expire two from this authorization. This release apions, alcohol, drug or psychiatric treatmetically includes all information released in or copy form, and whether given person a patient receives services.  IMENT OF INSURANCE BENEFITS TO MEDICAL that are payable to the patient ent. Should the account be referred for NAL VALUABLES: It is understood the se brought to the Hospital. The Hospital CCE DIRECTIVES: The undersigned aclinformation regarding Advance Directives.	gned consents diagnostic care lospital employ my months of the properties to all my my my my my my my my my my my my my	ADMIT BY ***  to general care and treatment yees, and have : The undersign of medical care in reliance upon the date below. dical informative there is no tree	for the pati- performed at the right to need authorite may be, like g profession are sufficient or arising or	ADMIT DATE  O/O2/O:  ent Identifie  to r by the I  separately  zes the Hos  able for Ho  net services  of this hose  horization is  igned and it  ut of the pa  whether su  waterrent an  spittal may a  o the Hospi  ment during  le for any at  nut valuables  o the Hospi  ment during  signed has  anation of pa  wedges receledges receledges receledges	d above dospita dospit	ADM 12: I, its emitheir seind practive ry professatient dit. The ultimation spective close suitany practive close suitany practice close close suitany practice close	CYDUN, Jaployees and vices. It it is not signed that the meneded se the Hosp visit (including the provided information and collection and col	AMES L agents, a adding services resulti spital visit acknowled to process oltal, its er ling HIV to or to, durin ress whete on to any o accepts attent is in expense Hospital v	and practifices to the fine from the figure that is payment in ployees ests resulted of the first subject to the f	tioners on the patient a hospital disclosure that autho to talms p and agen lits, AIDS or discharge informatio spital or he ent, any aile for charlon to the a liable for the performance of the performanc	ts Medicate to release visit. The sare macrization mertaining ts, from a diagnosis e from the n is in verealth care amount b any loss dedicare	al Staff. To a medical sunderside to allow this hour thi
ENT TO GENERAL CARE: The undersigned as a second of the contractors and the contractors are independent contractors, not including the contractors are independent contractors, not including the contractors are independent contractors, not include an information to any insurance carties the release of this information to bill if and health care professionals to obtain got any time, except to the extent action, and includes arilling at any time, except to the extent action, and includes all information released in or copy form, and whether given person a patient receives services.  IMENT OF INSURANCE BENEFITS TO INCLUDE AND INSURANCE BENEFITS TO INCLUDE IN INCLUDE INCLUDE IN INCLUDE INCL	gned consents diagnostic care lospital employ my months of the properties to all my my my my my my my my my my my my my	ADMIT BY ***  to general care and treatment yees, and have : The undersign of medical care in reliance upon the date below. dical informative there is no tree	for the pati performed a the right to need authorities g profession is a resultith. This authorities on arising o titication, co- sise. The Ho ed assigns to e responsibilate for patie to the to the to- company to the to- the to- of an expla- gned acknow- he or she h	ADMIT DATE  O/O2/O:  ent Identifie  to r by the I  separately  zes the Hos  able for Ho  net services  of this hose  horization is  igned and it  ut of the pa  whether su  waterrent an  spittal may a  o the Hospi  ment during  le for any at  nut valuables  o the Hospi  ment during  signed has  anation of pa  wedges receledges receledges receledges	d above dospita dospit	ADM 12: I, its emitheir seind practive ry professatient dit. The ultimation spective close suitany practive close suitany practice close close suitany practice close	CYDUN, Jaployees and vices. It it is not signed that the meneded se the Hosp visit (including the provided information and collection and col	AMES L agents, a adding services resulti spital visit acknowled to process oltal, its er ling HIV to or to, durin ress whete on to any o accepts attent is in expense Hospital v	and practifices to the fine from the figure that is payment in ployees ests resumes ponsible in additional in the first message in additional in the first message in the first m	tioners on the patient a hospital disclosure that autho to talms p and agen lits, AIDS or discharge informatio spital or he ent, any aile for charlon to the a liable for the performance of the performanc	ts Medicate to release visit. The sare macrization mertaining ts, from a diagnosis e from the n is in verealth care amount b any loss dedicare	al Staff. To a medical sunderside to allow this hour thi

ga Falls General Hospital 1900 TWENTY-THIRD STREET CUYAHOGA FALLS, OH 44223

Date:

Sex

M

Name

/51

BETLEYOUN, JAMES L

Accnt #

02275-00097

Financial Class

10/04/02

Birth Date Age

50Y

Adm Date

Dsch Date 10/02/02

3 - BWC

LOS

Attending Physician

10/02/02

BRESSI, JAMES P Coder: LB

Discharge Status

A1 - O/P DISP TO HOME OR SELF

MDC: 08 DISEASES/DISORDERS OF THE MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DRG: 243 BACK DISORDER, MED

OUTLIER STATUS: COST OUTLIER

DIAGNOSIS DESCRIPTION
1.(P) 721.0 CERVICAL SPONDYLOSIS

070.51 HPT C ACUTE WO HPAT COMA 721.3 LUMBOSACRAL SPONDYLOSIS

PROCEDURE DESCRIPTION

DATE

SURGEON NAME

I CERTIFY THAT THE NARRATIVE DESCRIPTIONS OF THE PRINCIPAL AND SECONDARY DIAGNOSIS AND THE MAJOR PROCEDURES PERFORMED ARE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

BETLEYOUN, JAMES L

00182943 10/04/02

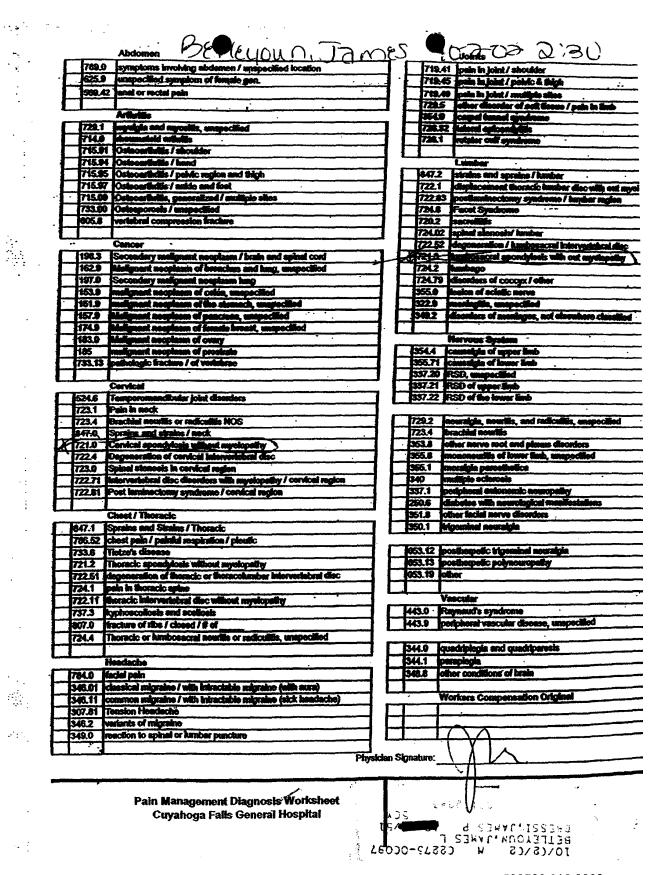
02275-00097

00080131

BRESS JAMES P

PHYSICIAN ATTESTATION FORM

DO



6-502	Cu, loga Falls
Betwoun James	General Hospita
Cenical spondylosis	721.0
Degenerative voint Left hi	721.3 215.25
Degenerale joint extra	O 715.35
With the second	
,	
new patient consultat	TO TOPO TOPO
Ing site"	
CONTATED BY DATE   CONTRY that the nemetion descriptor	ns of the principal and secondary degraces and the major and complete to the best of my Engularize.
OCSCHANGE DATE	and complete to the best of my finantialge.
108524004 D (rev 6-89) FACE SHIEET	NOME PHYSICIAN SAR